



# Parks & Recreation Department

48 Lebanon Street  
Hanover, NH 03755

Telephone: (603) 643-5315  
E-mail: parksandrec@hanovernh.org

## CAMPER CONTACT FORM (2JAN20)

### THIS SECTION ONLY - FOR OFFICE USE

Camp Options	Summer Play	<input type="checkbox"/>	Quest	<input type="checkbox"/>	
	Circle H	<input type="checkbox"/>	Can't Get Enough Camp	<input type="checkbox"/>	
	Dragonfly	<input type="checkbox"/>	February Mini Camp	<input type="checkbox"/>	
	Tween	<input type="checkbox"/>	April Mini Camp	<input type="checkbox"/>	
Summer Camp Weeks	Week 1	<input type="checkbox"/>	(No Summer Play)	Week 4	<input type="checkbox"/>
	Week 2	<input type="checkbox"/>		Week 5	<input type="checkbox"/>
	Week 3	<input type="checkbox"/>		Week 6	<input type="checkbox"/>

### 1. Please complete your child's information.

Today's Date \_\_\_\_\_  
Month Day Year

Camper's Name \_\_\_\_\_  
First Last

Date of Birth \_\_\_\_\_ Male Female  
Month Day Year

Grade Entering Next School Year \_\_\_\_\_ Current Age of Child \_\_\_\_\_

### 2. Special Considerations

Please List any Special Concerns, Limitations, Allergies, Behavioral Plans, Medications or other Medical Conditions we should be aware of: (Please be specific).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Release & Indemnification Agreement:

The undersigned being the parent/legal guardian of the above named child, in consideration of the agreement by the Town of Hanover to allow my child to participate in HPR camp programs, hereby agrees as follow:

1. That no claim will be made by the undersigned on behalf of myself or on behalf of my child for personal injuries or other losses sustained by my child as a result of my child's participation in HPR camp programs.
2. That in the event any claim is made by my child for injuries or damages sustained by my child as a result of my child's participation in the above listed program, I shall hold the Town of Hanover, the Parks & Recreation Department, and all their agents, principals, employee and representatives harmless from, and indemnify them against any such claims, including reasonable attorney's fees incurred by my child in connection therewith, whether or not such claims result in litigation.
3. I consent to the use of my child's photo, video, artwork etc. by the Hanover Parks & Recreation Department for flyers, presentations and other advertising means in print and digital form. At no time will a person be identified by name in a picture without prior special permission not covered by this consent.
4. I consent to my child's participation in all structured camp activities to include field trips, watching of G & PG rated movies and swimming activities & lessons.
5. The undersigned acknowledges that my child's participation in the above listed day camp programs may reasonably be considered a dangerous activity. This agreement is executed by the undersigned upon the understanding that the Town of Hanover will use best efforts in the conduct of the day camp program.

Parent/Legal Guardian Signature: \_\_\_\_\_

*I have read and agree to all terms of this form and rules associated with the Hanover Parks & Recreation Programs*

<b>Camper's Name</b>			
	First		Last

<b>Is your child allowed to sign themselves out?</b>		<b>If yes when is the earliest they may leave?</b>	
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**A. Parent/Legal Guardian Information**

**#1 Parent/Legal Guardian** \_\_\_\_\_  
First Last

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Town State Zip Code

**Home Phone** \_\_\_\_\_ **Best way to reach you during the day** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home E-Mail** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Work E-Mail** \_\_\_\_\_

**#2 Parent/Legal Guardian** \_\_\_\_\_  
First Last

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Town State Zip Code

**Home Phone** \_\_\_\_\_ **Best way to reach you during the day** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home E-Mail** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Work E-Mail** \_\_\_\_\_

**B. Emergency Contact Information - \*Must Be Different From Above & Be Able To Pick Up\***

**Emergency Contact** \_\_\_\_\_  
Last First

**Relationship** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Town State Zip Code

**Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**C. List additional individuals who you authorize to pick up your child from our programs**

	Name	Home Phone	Cell Phone	Relationship
1				
2				
3				
4				

